

SECONDARY BORADING SCHOOL BURSARY APPLICATION FORM

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REPUBLIC OF ZAMBIA

CONSTITUENCY DEVELOPMENT FUND (CDF)

SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM

Instructions: This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

NOTE: This form is not for sale.

Disclaimer: *Completion of the form does not guarantee the award of Secondary Boarding School Bursary.*

Complete all Sections in Capital/Block Letters

A. APPLICANT'S PERSONAL INFORMATION				
Surname:	First Name:	Other Names:	Sex	F M
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth: DD _____ MM _____ YY _____ (Attach birth certificate where Possible)				
Nationality: _____ NRC NO. (where applicable) _____				

Province: _____ District: _____ Constituency: _____
Ward: _____ Village/Township: _____
Do you have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please Specify and attach relevant documentation

B. SCHOOL DETAILS (where you are enrolled or have been accepted) (Attach a copy of an acceptance letter or confirmation letter from the school, this is a must)
Name of School where you are enrolled or have been accepted _____
Last School Attended _____
Last Grade Attended _____
Are you/ where you a boarder? Yes _____ No _____
Who has been paying your school fees _____
Have you been supported by any organization? Yes _____ No _____
(if yes kindly give details) _____

C. DETAILS OF PARENTS /GUARDIANS	
1. FATHER	Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Attach documentation where applicable
Surname:	First Name
Other Names:	
Date of Birth:	Telephone No:
Residential Address:	Email Address:
Occupation:	
Employer/Nature of Business:	
Does father have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes, please specify and attach relevant documentation	

Does father	Yes have <input type="checkbox"/>
	No <input type="checkbox"/>

medical condition?

If yes, please specify:
and attach relevant
documentation

2. MOTHER

Alive

Deceased

Attach
documentation
where applicable

Surname: First Name

Other Names:

Date of Birth : Telephone No:

Residential Address: Email Address:

Occupation:

Employer/Nature of Business:

Does mother have a disability/special need? Yes

N

O

If yes, please specify and attach relevant
documentation

Does mother have
medical condition?

Yes

No

If yes, please specify:
and attach relevant
documentation

3. GUARDIAN

Surname: First Name

Other Names:

Date of Birth: Telephone No:

Residential Address: Email Address:

Occupation:

Employer/Nature of Business:

Does Guardian have a disability/special need? Yes No

If yes, please specify and attach relevant documentation

Does Guardian have medical condition? Yes No

If yes, please specify:
and attach relevant documentation

D. INFORMATION ON SIBLINGS/DEPENDANTS TO PARENTS/GUARDIANS
(if siblings/dependents are in school, indicate who is supporting them)

Details of Siblings

No.	Name	Sex	Age	Alive/Deceased

Other (Specify):.....

ii. **Type of House** Main Material of roof

Asbestos sheets

Asbestos Tiles

Other Non-asbestos tiles

Iron sheets

Grass/wood/thatch

Concrete

Main Material of floor

Earth/Sand

Wood planks

Palm/bamboo

Finished floor (wood tiles, concrete,

vinyl etc.)

Main material of wall

		Natural walls (Mud, cane, palm, trunks)	<input type="checkbox"/>
		Rudimentary walls (stone or bamboo with mud etc.)	<input type="checkbox"/>
		Finished walls (bricks, cement, wood planks, etc.)	<input type="checkbox"/>
iii. Toilet		Inside the house	<input type="checkbox"/>
		Outside the house	<input type="checkbox"/>
iv. Water		Piped	<input type="checkbox"/>
		Well	
		Shallow Well	<input type="checkbox"/>
		Other (specify)	<input type="checkbox"/>
v. Source of water		Communal	<input type="checkbox"/>
		Own premises	
vi. Availability of electricity		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
vii.	Main source of Income	
viii.	No. of meals per day		
		One	<input type="checkbox"/>
		Two	<input type="checkbox"/>
		Three	<input type="checkbox"/>
		<input type="checkbox"/>

		_____
ix.	Does your household have any of the following durable items?	
	Tractor	<input type="checkbox"/>
	Plough	<input type="checkbox"/>
	Hammer mill	<input type="checkbox"/>
	Car/truck	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
	<input type="checkbox"/>
x.	Does your household own Poultry, livestock or any other farm animal? If yes, how many	
	Cattle	<input type="checkbox"/>
	Goats	<input type="checkbox"/>
	Sheep	<input type="checkbox"/>
	Pigs	<input type="checkbox"/>
	Poultry	<input type="checkbox"/>
	Other (Specify)	<input type="checkbox"/>
F.	LIST OF ATTACHMENTS- (please tick what has been attached and /or not provided)	indicate what is
<input type="checkbox"/>	Recommendation from previous sponsor (where applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Birth Certificate/s of applicant	<input type="checkbox"/>

<input type="checkbox"/>	Death certificate/s of parents	
<input type="checkbox"/>	Pay slips/ proof of income of parents/guardian	
<input type="checkbox"/>	Medical record(s) of parent/guardian	
<input type="checkbox"/>	Disability card/ Confirmation of disability of applicant/parent/guardian	
<input type="checkbox"/>	Recommendation from traditional leadership	
<input type="checkbox"/>	Recommendation from Community Welfare Assistance Committee	
<input type="checkbox"/>	Acceptance letter /confirmation of enrollment	
<input type="checkbox"/>	Copy of application form	
<input type="checkbox"/>	Applicant to sign each and every page of this application document	

Details	Applicant (Learner)	Contact person for Applicant
Name		
Physical Address		
Phone (where applicable)		
NRC (where applicable)		
Signature		
Date		

RECOMMENDED/ NOT RECOMMENDED BY THE WARD DEVELOPMENT COMMITTEE

Give Reasons

.....

Name:.....

Designation:

Signature:.....

Date:

APPROVED/NOT APPROVED BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE

Give Reasons

.....

Name:

Designation:

Signature:

Date: